

## **URGENT: MEDICAL ACTION REQUIRED**

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert Date of Birth]

Patient ID/Reference: [Insert ID Number]

Dear [Patient Name or Primary Physician],

This letter is to formally communicate the results of the MRI scan performed on [Date of Scan] at [Facility Name].

The radiologist's report indicates findings that require **immediate clinical attention**. Due to the nature of these results, we advise the following actions be taken within [Insert Timeframe, e.g., 24-48 hours]:

- Schedule an urgent follow-up appointment with [Specialist Name/Department].
- Review the attached full imaging report for specific diagnostic details.
- [Insert specific medical instruction or "Proceed to the nearest emergency department if symptoms worsen"].

Please contact our office immediately at [Insert Phone Number] to confirm receipt of this notification and to coordinate the next steps in your care plan.

Time is of the essence regarding this matter, and we prioritize your health and safety.

Sincerely,

[Name of Healthcare Provider/Radiologist]

[Name of Facility/Department]

[Contact Information]